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STATISTICAL BULLETIN

METROPOLITAN LIFE INSURANCE COMPANY

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Our Declining Natural Increase

THE crude rate of natural increase of the population of the United States—that is, the excess of the birth rate over the death rate—may be expected to touch the lowest point yet attained, about five per thousand, in 1936.

This will be the result of a combination of two circumstances reinforcing each other, each separately diminishing the rate of natural increase—namely, (1) a record low birth rate, and (2) a death rate which, though still favorable, is nevertheless somewhat higher than any that has been experienced within the last five years.

These statements are based on data furnished the Metropolitan Life Insurance Company through the courtesy of the health and registration officials of 34 States and the District of Columbia, and cover the first nine months of 1936. The statistics thus made available show that during the period from January to September of 1936 the birth rate within the group of States covered was 16.5 per thousand, and the death rate 11.5 per thousand, leaving a net rate of natural increase of five per thousand. The corresponding figures for 1935 were a birth rate of 16.8 and a death rate of 10.9, leaving a margin of 5.9 for the rate of natural increase. Thus the birth rate *fell* by 1.8 percent, while the death rate simultaneously *rose* by 5.5 percent from last year to this. These figures are provisional, but are not likely to be greatly altered when late reports come in. In fact, such belated returns will tend to increase the death rate more than the birth rate, so that, if anything, they will accentuate the situation which has been described. Furthermore, the States included in this report comprise more than two thirds (67.3 percent) of the total population of continental United States. Every geographical division of the country is represented. It is thus extremely improbable that, when the figures for the entire country and for the full year become available, anything will have developed to change the general conclusion that the rate of natural increase has declined.

All this does not mean that the country experienced unfavorable health conditions during 1936. On the contrary, 1936 has made a very good health record, even though it has not quite lived up to the standard of 1935 and preceding years of altogether exceptionally low mortal-

ity. Indeed, this is only what we must have expected, in view of the adverse effects on health of the intensely cold weather of last winter and of a summer characterized by widespread drought and protracted heat.

An analysis, by individual States, of the mortality situation, shows that increases well in excess of the average rise were registered in several of the more populous States, especially in the north central part of the country, which was particularly hard hit by the heat wave of last July. The provisional figures, in fact, show clearly that the dry and hot summer of 1936 was an important factor in the mortality of the year. As against the average rise of 5.5 percent for the 34 States, the rate rose 9.6 percent in Wisconsin, 9.2 percent in Illinois, 9.0 percent in Minnesota, 8.7 percent in Indiana, 8.3 percent in Kansas, and 7.5 percent in Iowa. Among the States in other parts of the country which were particularly hard hit were Oklahoma, in the West South Central division, with an increase of 16.0 percent, and Louisiana, in the same geographic division, with a rise of 10.2 percent. Three East South Central States—Mississippi, Tennessee, and Alabama—registered increases of 12.0 percent, 9.9 percent, and 9.0 percent, respectively.

Among the States which in 1936 appear to have so far recorded birth-rate declines well in excess of the average are Alabama, Connecticut, Florida, Georgia, Kansas, Nevada, New Jersey, North Carolina, North Dakota, Oklahoma, South Carolina, and Tennessee. On the other hand, the provisional figures point to probable increases in the District of Columbia, Idaho, Indiana, Iowa, Louisiana, Minnesota, Ohio, Oregon, South Dakota, Wisconsin, and Wyoming.

In viewing these figures, and the general trend of which they are the expression, it must be remembered that the surface indication given us by the crude rate of natural increase still errs on the conservative side. Things are actually considerably worse than this meager margin of five per thousand which the excess of the birth rate over the death rate would seem to imply. We are still benefiting from the effects of relatively high birth rates in the past, which have endowed our population with an age distribution specially ample at the reproductive ages. This is a temporary condition which in the course of time will inevitably be replaced by an age distribution less rich in constituents of this age group. Then, even if the fertility of our reproductive age groups undergoes no further decline, and if our mortality at each age of life remains the same as today, or at any rate does not improve beyond all expectation, the margin of the birth rate over the death rate will not only be diminished below five per thousand, but will actually come to lie on the red side of the ledger of our vital statistics. An exact estimate of the corrected or true rate of natural increase, which will then be established, cannot be made as yet be-

cause this would require, among other things, a life table embodying the mortality of the year 1936, and the time is not ripe for the computation of such a life table. But this much is certain, that when the computation is made, the result will be found to fall even below the minimum so far experienced, namely, that for the year 1933, when the corrected rate of natural increase was found to be −.002; that is to say, a rate of *decrease* of two per thousand per annum.

Whom Do the Widowed and the Divorced Marry?

THE conditions which influence persons entering a second or later marriage are necessarily different from those which govern individuals embarking on this enterprise for the first time. There is a different psychology, a different set of habits, usually a different economic situation, especially if children from the earlier marriage are present; moreover, the average age of those marrying for a second time is naturally more advanced than that of those marrying for the first time. It should prove of some interest to explore some items in this field quantitatively.

It may be asked, for example, whom do the divorced and widowed marry? What do statistics tell us regarding the assortment of matings in second and later marriages? What proportion of these matings are between two widowed persons, between a widowed person and a single person, between a divorced person and any one of the other categories? The answer to some of these questions can be gathered from Table I, which is based on marriage data collected in New York State, exclusive of New York City, during the three years 1932-1934.

As to the first question, the answer depends somewhat on the sex of the widowed or divorced person. There is a stronger tendency among widowed and divorced *men* to marry spinsters, than among widowed and divorced *women* to marry bachelors. Thus, of the widowers who remarried, 45.5 percent took spinsters for their brides; of the widows who remarried only 39.8 percent took bachelors for their grooms. In the case of the divorced the corresponding figures are 63.7 percent and 61.0 percent. Another fact brought out by Table I is that divorced persons, more often than widows or widowers, take for their second consort a person who has not previously been married.

The evidence in Table I also indicates that there is, on the whole, a fairly good chance that the widowed person who remarries will choose as mate a person of like conjugal condition. Not far from half of the widowers (42.2 percent) who once more became grooms, married widows, while more than half of the widows (51.1 percent) who once more became brides, married widowers. On the other hand, the chances of marrying a divorcee are a little greater for a widower than

for a widow; the figures are 11.4 percent and 8.0 percent, respectively.

When a divorced man remarries, he is more likely to choose a divorced woman than a widow for his new partner. The opposite is the case when a divorced woman remarries. She more often chooses a widower than a divorced man. Thus, of all the divorced males who remarried, and who did not choose spinsters, 22 percent chose divorcees and 13.4 percent chose widows. Divorced women, on the contrary, chose divorced men in 18.4 percent of the cases, and widowers in 19.5 percent.

Lastly, in studying the data in Table I, we come to that brave element of our population which, having been married, widowed, and divorced, ventures yet again into a state of matrimony. Two notable characteristics are observed in this group. In the first place, the proportion taking as a consort a person previously single is smaller than in the case of either the widowed or divorced. Secondly, it is very interesting to note that more than 5 percent of this relatively small group marry within that part of the population which has had the same varied marital experiences of both widowhood and divorce. This, naturally, leads us to inquire more generally into the marital tendencies of those who, having already had more than one trial at matrimony, are willing to undertake still another.

Accordingly, we turn to Table II, in which the data relating to the widowed and divorced in Table I are analyzed according to whether there had previously been only one, or two, or more marriages. Here we find in each case, whether of bride or groom, widowed or divorced, that those who had been previously married two or more times are distinctly less likely to marry a single person than are those who had been married only once before. It will also be observed that among the widowed who had been married twice or more, 14.0 percent of the grooms and 16.2 percent of the brides took as consorts persons who also had been widowed twice or more. On the other hand, of those who had been widowed once, only 3.4 percent of the grooms and 4.0 percent of the brides took as consorts persons who had been widowed twice or more. A similar situation is found to exist when we consider marriages between the divorced. In other words, it appears that the much-married tend to mate with the much-married.

In construing these figures, it is not permissible to ascribe all the numerical relations observed merely to the operation of personal preference. It must be remembered that the average age of the widowed is naturally higher than that of the single, while that of the divorced is probably intermediate between the two. Hence a widowed or divorced person, seeking a mate of about his or her own age, has a smaller proportion of single persons and a relatively greater proportion of widowed and divorced to choose from than the average person entering marriage for the first time.

If the requisite additional data were available, it would also be interesting, especially in view of the continually increasing importance of the divorce problem, to carry this investigation further with an analysis regarding such factors as race, social and economic status.

TABLE I

Percent Distribution of Brides and Grooms According to Previous Conjugal Status, New York State, Exclusive of New York City, 1932-1934

Previous Conjugal Status of Bride	Previous Conjugal Status of Groom				Previous Conjugal Status of Groom	Previous Conjugal Status of Bride			
	Single	Widowed	Divorced	Divorced and Widowed*		Single	Widowed	Divorced	Divorced and Widowed*
Total	100.0	100.0	100.0	100.0	Total	100.0	100.0	100.0	100.0
Single	93.9	45.5	63.7	37.6	Single	93.2	39.8	61.0	37.5
Widowed	2.9	42.2	13.4	33.6	Widowed	4.0	51.1	19.5	37.8
Divorced	3.1	11.4	22.0	23.7	Divorced	2.7	8.0	18.4	19.1
Divorced and widowed*	.1	.9	.9	5.1	Divorced and widowed*	.1	1.1	1.1	5.6

*Items in this line and in this column relate to persons who have been both widowed and divorced.

TABLE II

Percent Distribution of Brides and Grooms, Considering Only Those Who Were Previously Widowed or Divorced, According to Previous Conjugal Status, New York State, Exclusive of New York City, 1932-1934

Previous Conjugal Status of Bride	Previous Conjugal Status of Groom				Previous Conjugal Status of Groom	Previous Conjugal Status of Bride			
	Widowed		Divorced			Widowed		Divorced	
	Once	Twice or More	Once	Twice or More		Once	Twice or More	Once	Twice or More
Total	100.0	100.0	100.0	100.0	Total	100.0	100.0	100.0	100.0
Single	46.7	28.6	64.3	42.0	Single	41.3	20.0	61.4	45.3
Widowed					Widowed				
Once	37.5	46.4	12.5	15.9	Once	45.6	54.9	18.1	28.0
Twice or more	3.4	14.0	.8	.7	Twice or more	4.0	16.2	1.1	2.7
Divorced					Divorced				
Once	11.1	9.4	21.1	33.8	Once	7.8	6.9	17.6	12.6
Twice or more	.4	.5	.4	6.9	Twice or more	.3	.1	.8	6.7
Divorced and widowed*	.9	1.1	.9	.7	Divorced and widowed*	1.0	1.9	1.0	4.7

*Items in this line relate to persons who have been both widowed and divorced.

Fewer Fatal Burns in the American Home

Of the many types of accidents in which 100,000 persons lose their lives annually in the United States and 10,000,000 more are disabled, none is so generally and so justly dreaded as injury by burns or scalds. These are extremely painful and, when not fatal, frequently result in long periods of disability and leave their victims frightfully disfigured. Yet in spite of our dread of this type of injury, about 6,000 persons annually are allowed to die, and many times that number to suffer severe pain as the result of burns and scalds. This is a sad commentary on the widespread carelessness among our people. Furthermore, the figure cited is exclusive of more than 1,500 deaths in burning buildings and in other conflagrations, though there can be little doubt that most of these deaths also result from burns.

Certain aspects of the mortality picture of burns and scalds serve to emphasize the tragic character of deaths from this cause and suggest the points of attack in the campaign to prevent them. It is particularly desirable to consider the mortality from accidental burns at this time

TABLE I

Burns (Conflagration Excepted)

Averages of Annual Death Rates per 100,000
By Color, Sex, and Age. Ages 1 to 74 Years
Metropolitan Life Insurance Company, Industrial Department
1911 to 1915 and 1931 to 1935

Age Period Years	Death Rates per 100,000								Percent Change 1931-1935 Since 1911-1915			
	White				Colored							
	Males		Females		Males		Females					
	1931 to 1935	1911 to 1915	1931 to 1935	1911 to 1915	1931 to 1935	1911 to 1915	1931 to 1935	1911 to 1915	White		Colored	
									Males	Females	Males	Females
1 to 74*	3.1	6.8	3.3	9.6	5.3	11.4	7.1	18.6	—54.4	—65.6	—53.5	—61.8
1 to 4	11.7	43.5	13.9	39.3	16.1	73.3	22.6	76.3	—73.1	—64.6	—78.0	—70.4
5 to 9	1.9	7.0	4.3	12.7	2.9	10.2	10.3	30.1	—72.9	—66.1	—71.6	—65.8
10 to 14	1.0	1.3	1.0	3.9	0.5	2.3	3.6	7.9	—23.1	—74.4	—78.3	—54.4
15 to 19	1.1	0.9	0.6	2.8	0.6	2.6	1.3	6.4	+22.2	—78.6	—76.9	—79.7
20 to 24	1.5	1.5	1.3	3.6	2.8	2.7	1.4	8.0	....	—63.9	+ 3.7	—82.5
25 to 34	2.1	1.7	1.1	3.6	4.1	3.6	2.7	5.5	+23.5	—69.4	+13.9	—50.9
35 to 44	2.6	3.3	1.6	5.0	3.1	4.5	3.0	7.2	—21.2	—68.0	—31.1	—58.3
45 to 54	2.9	3.3	2.4	7.9	5.6	4.4	7.5	13.7	—12.1	—69.6	+27.3	—45.3
55 to 64	4.0	5.2	4.8	10.7	8.5	6.1	13.4	17.5	—23.1	—55.1	+39.3	—23.4
65 to 74	7.7	8.2	10.4	24.5	28.3	20.8	24.8	46.9	— 6.1	—57.6	+36.1	—47.1

*Standardized for age.

of the year, since it is in January and February that these deaths are most frequent.

The vast majority of fatal burns and scalds—70 percent of those among males and more than 90 percent among females—arise out of activities in and about the home. Children are the principal victims. About 40 percent of all deaths from burns in this country occur among children under 15 years of age, and the maximum death rate among white persons is recorded in early childhood, as is evident from Table I. More women than men become the victims of fatal burns. In fact, this is the only type of accidental injury in which the death rate for females exceeds that for males. Mortality among colored persons far exceeds that for whites, not only at all ages combined, but at virtually every age period.

Stoves and grates, hot water and steam, and matches are the chief agencies of injury, together accounting for two thirds of the total deaths from burns and scalds among insured females, and for a little more than one half of those among insured males. In early childhood, *i.e.*, under 5 years, scalds are the leading type of accidental burns—particularly among boys. Scalds at this period of life account for no less than 61 percent of the male deaths and 38 percent of the female. More than three quarters of all the deaths from scalds occur at these ages. Most of the deaths of this character happen to children who fall into vessels containing hot water, or who pull pots or pans with boiling liquids from stoves or tables. In early childhood, too, stoves and grates, matches and bonfires, exact a considerable toll. The proportion of deaths from these agencies is considerably higher for girls than for boys, a fact which reflects the additional hazard of feminine clothing.

Among the older boys and girls, at ages 5 and over, stoves and grates cause the largest number of deaths from accidental burns. Among adults the practice of starting fires with kerosene or gasoline is an important factor in the high mortality from this cause. Table II shows the principal agencies of burns in several periods of life.

Modernization of the American home and increased attention to the care of children fortunately have contributed to bring about a marked decline in the mortality from accidental burns during the past quarter of a century. Among Metropolitan Industrial policyholders at ages 1 to 74 years combined, the standardized death rate from accidental burns* has declined from 8.9 per 100,000 in the period 1911 to 1915, to 3.5 in 1931 to 1935, a drop of a little more than 60 percent. This greatly lowered death toll has benefited both sexes, and colored persons as well as whites. Large decreases in the death rate were recorded at every age period for females, both white and colored, during the period 1911 to

*In accordance with general statistical practice, this title in the International List of Causes of Death does not include death in conflagrations. Neither does it include burns and scalds due to land and air transportation vehicles, machinery, mining and quarrying accidents, electricity and lightning.

1935. Among males, increases were registered at ages 15 to 19 and 25 to 34 in the white, and at ages 20 to 34 and 45 to 74 in the colored group. The trend over the 25-year period is shown in Table I.

One important factor in the decrease in the number of these home fatalities has been the diminishing use of the coal stove for heating, cooking, and laundry purposes. Another factor has been the widespread displacement of gas burners and oil lamps by electric lighting systems. The medical profession also has done its share in lowering the mortality from this cause. The tannic acid treatment of burns, for example, introduced by Davidson in 1925, has materially reduced pain and shock, and undoubtedly has saved many lives. It is impossible to determine in concrete figures how much the medical profession has thus contributed to lowering the mortality from this cause, but there can be no doubt that its contribution must have been considerable. Some of the credit for bringing about the decline must also be given to the efforts of safety workers who have forced upon the attention of parents the dangers that surround them and their children in and out of the home.

It is difficult to account for the recorded rise in the death rate at some ages among males. It may be of significance that at most of these ages the hazards of industry are an important item. Possibly, the explanation lies in the fact that the proportion of men exposed to the hazard has increased in the 25-year period. This seems the most probable explanation, for there can be no doubt that the industrial safety

TABLE II

Burns (Conflagration Excepted)

Principal Agencies of Injury. By Sex and Age. All Ages
Metropolitan Life Insurance Company, Industrial Department, 1926 to 1935

Agency of Burns	Percentage of Total Deaths in Specified Age Periods										
	All Ages			Under 5		5 to 14		15 to 64		65 and Over	
	Total	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
All Agencies	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Bonfires	4.0	3.5	4.3	2.5	5.8	12.0	9.7	1.4	0.8	4.8	2.2
Matches	8.8	5.3	11.3	8.0	19.2	10.2	21.3	0.7	1.6	3.8	2.0
Lamps	1.8	1.3	2.1	0.4	0.4	1.1	1.0	1.9	3.6	4.8	4.2
Stoves and grates	27.4	13.8	37.4	9.7	16.2	15.6	31.2	15.5	54.8	30.1	55.8
Hot liquids and steam	24.3	33.6	17.5	61.0	38.2	14.9	5.0	13.0	7.3	9.1	8.4
Corrosive substances	0.7	1.1	0.4	0.6	0.5	....	0.1	2.2	0.4	0.5	0.4
Other specified agencies	20.3	27.3	15.1	6.0	7.7	36.0	19.5	48.9	20.8	23.7	12.2
Type not specified	12.7	14.1	11.9	11.8	12.0	10.2	12.2	16.4	10.7	23.2	14.8

movement has been effective in reducing the chances of injury in the course of the day's work. This aspect of the problem calls for more investigation.

Further reductions in deaths and injuries from accidental burns will depend to no small extent on our ability to bring the safety message to parents. Many of these do not fully realize the danger of matches in the hands of young children. It should be impressed upon them also that inflammable fluids such as gasoline should not be used in cleaning; that the handles of pots and pans should be turned toward the back of the stove, out of harms way from the hands of children. Protective screens should be placed in front of open fires. Women and girls should be warned of the special fire hazard to which their type of clothing exposes them, and they should be reminded that special care is necessary for them in lighting matches or in working or playing around an open fire.

Health Record for November 1936

THE mortality rate among the 17,000,000 Industrial policyholders of the Metropolitan Life Insurance Company, in November, was slightly below the average for this month during the five years last past; and the cumulative death rate for the 11 months of 1936 was only 1 percent higher than for the like period of 1935. It is thus obvious that 1936 is destined to be recorded as a good health year in this large cross-section of the American and Canadian population. The year 1935, as a whole, holds the record for low mortality among this large insured group.

The current year will register new minimal mortality rates for a number of diseases. Among these are all four of the principal communicable diseases of childhood (measles, scarlet fever, whooping cough, and diphtheria). It is true that the general trend of the mortality from these diseases has been downward for a long time; but prior to 1936 there has never been a year when the death rate for each of them has been at a minimum. The year-to-date death rate for the four combined is only 6.4 per 100,000, and it is likely that the final figure for the year will not differ essentially from this. Twenty-five years ago the mortality from diphtheria alone was more than four times the 1936 death rate for all four of these diseases combined, and even the rate for whooping cough (which then registered the lowest rate among the four diseases) exceeded the 1936 total for this entire group.

Other diseases which bid fair to register new minimum death rates this year are tuberculosis, chronic nephritis, and diseases of the puerperal state.

Nevertheless, for the first time since 1930 it must be reported that there has been at least a temporary setback in the hitherto excellent

mortality record from tuberculosis. Since September the monthly rates this year have been higher than last year—September by a very small margin; October by 13 percent; and November by 9 percent. The average rate for the year, to date, still shows a net gain, but as the result of the setback of the last few months this year-to-date improvement is only 2.3 percent, as against a 7.6 percent average annual decrease from 1930 to 1935. It is hoped that this arrest is temporary, and that 1937 will record a drop more closely approaching that observed from 1930 to 1935.

There has been a marked reduction in homicides this year, and it is assured that the death rate will drop to a new low point.

Several causes of death are running lower mortality rates than in 1935. The rate for cancer, for example, has declined 2.9 percent and that for suicide 4.5 percent. The suicide rate has declined continuously beginning with 1933. The year-to-date automobile accident death rate is now at substantially the same level as at this time in 1935. Up to the end of August there was every indication that the record for automobile fatalities in 1936 would show considerable betterment over that for last year; but motor vehicle deaths for three consecutive months have exceeded last year's figures and it may easily develop that no improvement at all will be in evidence by the end of the year.

Heart disease, pneumonia, and accidents (all forms combined) have all registered considerable rises over their 1935 death rates.

The death rate in the general population of the large cities of the United States, during the month of November, was 11.5 per 1,000 estimated population. This may be compared with 11.1 in October 1936 and 11.0 in November 1935. As compared with October, there were more cases, in November, of diphtheria, influenza, measles, scarlet fever, and smallpox, together with lower incidence of poliomyelitis and typhoid fever. Comparison with November a year ago shows more sickness, in 1936, from influenza, poliomyelitis, and typhoid fever, together with lower prevalence of diphtheria, measles, scarlet fever, and smallpox.

Among the items of special public health interest recently reported are the following: The Florida State Board of Health has established a tuberculosis bureau whose first function will be to determine the need for clinics throughout the counties. A mobile laboratory will be operated in sections of the State not cared for by county health units. The CALIFORNIA MEDICAL ASSOCIATION is to consider plans for the inauguration of a voluntary hospital insurance plan which will be Statewide in its scope. The KANSAS MEDICAL SOCIETY is to appoint a committee on venereal diseases to act in an advisory capacity to the State Board of Health. A bureau of industrial hygiene has been added to the Michigan State Department of Health.

The following table shows the mortality among Industrial policyholders for November 1936, October 1936, and November 1935, together with the cumulative rates for the first 11 months of each year.

METROPOLITAN LIFE INSURANCE COMPANY

Death Rates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis).*

MONTHS OF NOVEMBER 1936, OCTOBER 1936, AND NOVEMBER 1935.

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	November 1936	October 1936	November 1935	Cumulative January-November 1936	Cumulative January-November 1935
TOTAL—ALL CAUSES	799.7	743.2	775.9	843.5	834.6
Typhoid fever	1.9	1.4	1.4	1.0	1.1
Measles	.4	—	.2	1.0	2.6
Scarlet fever	1.3	1.0	1.8	2.1	2.7
Whooping cough	1.8	1.9	1.6	1.6	2.7
Diphtheria	2.0	1.7	3.6	1.7	2.1
Influenza	7.6	5.2	6.8	14.4	14.4
Tuberculosis (all forms)	49.6	52.7	45.6	54.2	55.5
Tuberculosis of respiratory system	45.7	48.0	40.2	48.3	49.5
Syphilis, locomotor ataxia, and general paralysis of the insane	9.8	9.8	10.5	11.5	11.0
Cancer (all forms)	93.5	89.9	90.4	91.6	94.4
Diabetes mellitus	21.7	20.0	20.9	24.2	23.8
Cerebral hemorrhage; apoplexy	63.1	53.8	60.8	61.9	60.7
Diseases of the heart†	146.7	137.8	144.7	159.4	155.7
Diseases of the coronary arteries	27.2	26.4	23.6	25.1	22.1
Angina pectoris	7.8	7.2	8.8	8.4	9.3
Pneumonia (all forms)	58.0	37.8	52.7	69.6	65.9
Diarrhea and enteritis	8.9	12.6	7.8	8.7	8.3
Appendicitis	9.5	11.8	7.8	11.3	11.3
Chronic nephritis (Bright's disease)	54.9	51.0	53.2	58.7	59.2
Puerperal state—total	5.3	7.1	6.6	7.6	8.5
Suicides	8.5	7.5	6.2	8.6	9.1
Homicides	4.5	4.8	4.9	4.8	5.8
Accidents—total	57.3	55.0	52.1	57.8	54.3
Automobile accidents	26.6	22.5	23.5	19.8	19.9
All other diseases and conditions	158.4	147.0	164.0	158.1	153.9

*The rates for 1936 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, and acute myocarditis.

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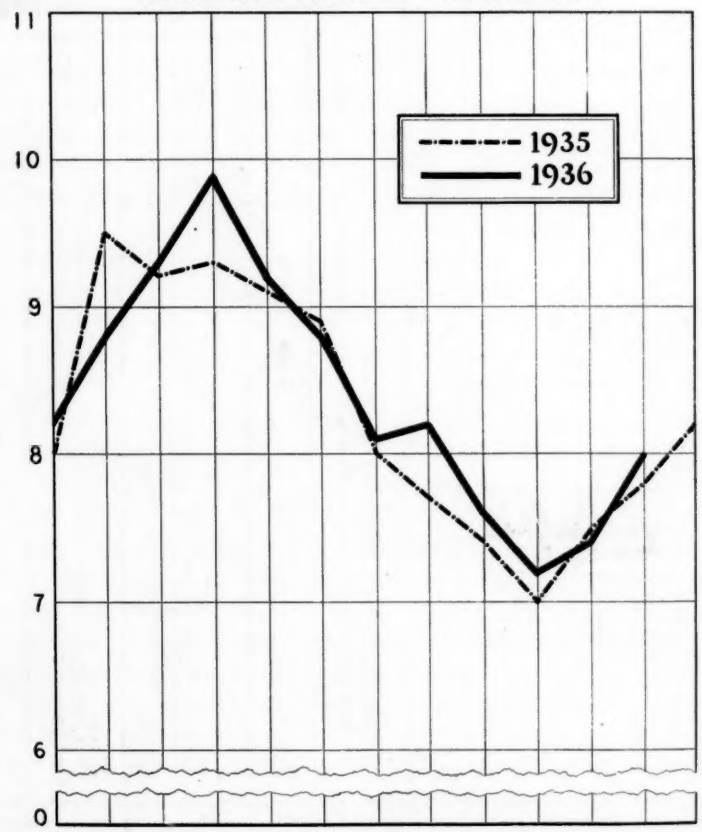
DEATH RATES FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE CO. – INDUSTRIAL DEP'T
WEEKLY PREMIUM-PAYING BUSINESS – TOTAL PERSONS

DEATH RATE PER 1000 – ANNUAL BASIS



(DEC)	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
1935	9.5	9.2	9.3	9.1	8.9	8.0	7.7	7.4	7.0	7.5	7.8	8.2
1936	8.8	9.3	9.9	9.2	8.8	8.1	8.2	7.6	7.2	7.4	8.0	

Rates are provisional for 1936

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SUPPLEMENT TO VOLUME 17

METROPOLITAN LIFE INSURANCE COMPANY STATISTICAL BULLETIN

MAR 23 1937

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